BC PharmaCare Newsletter *May 28, 2008 Edition 08-005*

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TRAVEL SUPPLY POLICY—ADDITIONAL INFORMATION

As announced in PharmaCare Newsletter 08-004, on **May 1, 2008**, PharmaCare began covering out-of-province travel supplies.

Under the new travel supply policy, PharmaCare is covering travel supplies up to the usual PharmaCare maximum days' supply for the drug.

Following is additional information about entering claims under the new policy.

Response code "65–intervention/exception code error"

If you enter a claim using the "MV-Vacation Supply" intervention code and receive the response "**65-Intervention/exception code error**", it indicates that the patient has less than a 14 day supply and that the claim can, and should, be entered without the MV code. The MV code is required only if the patient has more than a 14 day supply.

When an early fill is not a travel supply

Before the travel supply policy was introduced, PharmaNet's Good Faith (Early Fill) functionality reviewed claims entered in the previous 60 days. To allow coverage of travel supplies, this had to be adjusted to review claims entered in the previous 100 days. The change enables PharmaNet to calculate the remaining days supply for longer term drugs and prevents circumstances under which a claim could "fail" both the Good Faith and travel supply system check, preventing adjudication.

As a result of the change to the Good Faith check, there will be an increase in "**CL–Exceeds Good Faith Limit**" responses.

There are times when there is a legitimate reason for an early fill, other than providing a travel supply. When such circumstances occur, submit the claim using the intervention code "**UF–Patient gave adequate explanation. Rx filled as written.**" PharmaCare requires pharmacists to document the reason for use of this code in a manner accessible for audit purposes.

Using other intervention codes with "MV–vacation supply"

PharmaNet allows the entry of up to two intervention codes. All intervention codes are recorded by PharmaNet but do not necessarily determine adjudication.

Following is information on how claims adjudicate when the "MV-Vacation Supply" code is used with other intervention codes.

Duplicate Claims

Some claims require the submission of a second transaction (e.g., the price may exceed the maximum dollar amount PharmaNet can accept on a single claim). The second transaction is a called "duplicate" claim. When a duplicate claim is submitted with the intervention code "MV–Vacation Supply" and any of the codes below that allow for duplicate processing, the claim adjudicates according to the non-MV code.

- **MP**—Valid Claim - Value $1000.00 to $9999.99
- **MR**—Replacement, Item Lost or Broken
- **MX**—LTC Prescription Order
- **MY**—LTC Prescription Split for Compliance
- **UA**—Consulted prescriber & filled Rx as written

Using other intervention codes, continued

Regular (Non-Duplicate) Claims

When a regular claim is submitted with the intervention code "MV–Vacation Supply" and the additional intervention code:

"**UF**–Patient Gave Adequate Explanation & Filled As Written"—the claim adjudicates according to the UF code.

"**DE**–Adjudicate to 0.00 as requested"—the claim adjudicates according to the DE code.

any other intervention code— the claim adjudicates as a Travel Supply.

Special Services Fees and the Travel Supply Policy

Please note that a special services fee is not paid for reversal of a claim for the purposes of re-submitting the claim as a travel supply. Special services fees are paid only if there is a cost saving to PharmaCare as a result of a refusal to fill—i.e., only for reversal of a claim for which PharmaCare would have paid more than $0.00.

For example, an intervention fee would not be paid for a refusal to fill:

- for a Fair PharmaCare patient who had not met their deductible;
- in response to a patient request to have a prescription dispensed early; or
- to accommodate a request for a travel supply.

Additionally, fees should not be claimed for repeat occurrences involving the same individual at the same pharmacy within a short period of time.

For more information on the special services fee policy, please see Section 6.4 of the PharmaCare/PharmaNet Policies and Procedures manual available on our website at www.health.gov.bc.ca/pharme/publications.html.

Additional Questions?

If you have any questions about travel supply claims or early fills, please contact the PharmaNet HelpDesk at the usual numbers.

SPECIAL SERVICES FEES

The number of Special Services fees paid by PharmaCare over the past twelve months are:

Apr 2008	2,656	Oct 2007	3,747
Mar 2008	2,242	Sep 2007	3,091
Feb 2008	2,241	Aug 2007	3,110
Jan 2008	2,393	Jul 2007	3,073
Dec 2007	3,623	Jun 2007	3,200
Nov 2007	3,782	May 2007	3,385

SERVICES TO RESIDENTIAL CARE ("PLAN B") FACILITIES

Many pharmacies provide services to individuals living in residential care facilities who are covered under PharmaCare Plan B. Continuity of service is critical for patients in these facilities. If your pharmacy serves a facility—or is considering serving a facility—please note the information below.

To contact PharmaCare Information Support, call Health Insurance BC at the usual numbers for pharmacies and suppliers.

Setting up service for a new facility

Is your pharmacy going to provide services to a residential care facility that will open in the near future? If so, the **facility** must submit the following information to the PharmaCare Information Support unit at Health Insurance BC (HIBC) no later than the first day of the month preceding the month in which the facility will open:

- A *Request for PharmaCare Plan B Services to a Long-Term Care Facility* (form is available by contacting PharmaCare Information Support). This form also provides PharmaCare with the pharmacy information required; and,
- a copy of the facility licence.

When PharmaCare Information Support has received these documents from the facility, they will ensure a valid *PharmaCare Pharmacy Participation Agreement* (PPA) is on file for your pharmacy. If the PPA is still valid, they will send you a blank *Pharmacy Participation Agreement for the Provision of PharmaCare Services to Long-Term Care Facilities* (*LTC Agreement*).

Return your signed *LTC Agreement* to PharmaCare Information Support at HIBC as soon as possible.

When they receive your signed *LTC Agreement*, Information Support will link your pharmacy and the facility on PharmaNet so your preparations for service can begin (e.g., setting up patient profiles and preparing dosage packages) before the opening date of the facility.

Terminating an agreement between a pharmacy and a facility

Is your pharmacy terminating its service to a facility? Your **pharmacy** must notify the facility and PharmaCare Information Support at HIBC of the termination no later than the last day of the month preceding the month in which service will cease and must specify a termination date. The termination date must be the end of day of the last day of a month. (Note that PharmaCare cannot make capitation payments for partial months.)

Is a facility terminating its contract with your pharmacy? The **facility** must notify your pharmacy and PharmaCare Information Support at HIBC no later than the last day of the month preceding the month in which service will cease and must specify the termination date. The termination date must be the end of day of the last day of a month.

Requests for another pharmacy to provide service

Is an existing facility intending to enter into a contract with your pharmacy? The facility must advise PharmaCare Information Support at HIBC that your pharmacy will be providing services. The facility does this by completing a *Request for PharmaCare Plan B Services to an LTC Facility* (or by providing equivalent information by fax or e-mail) no later than the last day of the month preceding the month in which service will begin.

PharmaCare Information Support will ensure there is a valid *PharmaCare Pharmacy Participation Agreement* in place for your pharmacy and send you a blank *LTC Agreement*.

Return your signed *LTC Agreement* to PharmaCare Information Support at HIBC as soon as possible.

When they receive your signed *LTC Agreement*, Information Support will link your pharmacy and the facility on PharmaNet so your preparations for service can begin.

Changes in facility information—Facility name, ownership or type

If any of the following changes occur, your pharmacy must sign a new *LTC Agreement* with PharmaCare. PharmaCare Information Support, at HIBC, will need to set the facility up in PharmaNet as a 'new' facility:

- Change in facility name
- Change in facility ownership
- Change in license number
- Change in facility type (e.g., from complex care to multi-level care)
- Please contact PharmaCare Information Support at HIBC whenever these changes occur.

LOW COST ALTERNATIVE (LCA) / REFERENCE DRUG PROGRAM (RDP) BOOKLET CHANGES

Effective **June 30, 2008**, the following LCA categories (including both existing and new PharmaCare benefits) will be revised.

Category		New LCA Price	New LCA Status
LISINOPRIL / HYDROCHLOROTHIAZIDE TAB 10 / 12.5MG			
2261979	APO-LISINOPRIL HCTZ		P**
2297736	GEN-LISINOPRIL HCTZ		P
2302136	NOVO- LISINOPRIL HCTZ (TYPE P)		P**
2301768	NOVO- LISINOPRIL HCTZ (TYPE Z)		P**
2108194	PRINZIDE	0.6055	P
2302365	SANDOZ-LISINOPRIL HCT		P**
2103729	ZESTORETIC	0.6055	P
LISINOPRIL / HYDROCHLOROTHIAZIDE TAB 20 / 12.5MG			
2261987	APO-LISINOPRIL HCTZ		P**
2297744	GEN-LISINOPRIL HCTZ		P
2302144	NOVO- LISINOPRIL HCTZ (TYPE P)		P**
2301776	NOVO- LISINOPRIL HCTZ (TYPE Z)		P**
884413	PRINZIDE	0.7277	P
2302373	SANDOZ-LISINOPRIL HCT		P**
2045737	ZESTORETIC	0.7277	P
LISINOPRIL / HYDROCHLOROTHIAZIDE TAB 20 / 25MG			
2261995	APO-LISINOPRIL HCTZ		P**
2297752	GEN-LISINOPRIL HCTZ		P
2302152	NOVO- LISINOPRIL HCTZ (TYPE P)		P**
2301784	NOVO- LISINOPRIL HCTZ (TYPE Z)		P**
884421	PRINZIDE	0.7277	P
2302381	SANDOZ-LISINOPRIL HCT		P**
2045729	ZESTORETIC	0.7277	P
ENALAPRIL MALEATE TAB 2.5MG			
2020025	APO-ENALAPRIL		P**
2291878	CO-ENALAPRIL		P**
2300036	GEN-ENALAPRIL		P**
2300680	NOVO-ENALAPRIL		P**
2300079	PMS-ENALAPRIL		P**
2299984	RATIO-ENALAPRIL		P**
2299933	SANDOZ-ENALAPRIL		P**
2300117	TARO-ENALAPRIL		P**
851795	VASOTEC	0.5630	P

continued...

LCA/RDP BOOKLET CHANGES, CONTINUED

ENALAPRIL MALEATE TAB 5MG			
2019884	APO-ENALAPRIL		P**
2291886	CO-ENALAPRIL		P**
2300044	GEN-ENALAPRIL		P**
2233005	NOVO-ENALAPRIL		P**
2300087	PMS-ENALAPRIL		P**
2299992	RATIO-ENALAPRIL		P**
2299941	SANDOZ-ENALAPRIL		P**
2300125	TARO-ENALAPRIL		P**
708879	VASOTEC	0.6661	P
ENALAPRIL MALEATE TAB 10MG			
2019892	APO-ENALAPRIL		P**
2291894	CO-ENALAPRIL		P**
2300052	GEN-ENALAPRIL		P**
2233006	NOVO-ENALAPRIL		P**
2300095	PMS-ENALAPRIL		P**
2300001	RATIO-ENALAPRIL		P**
2299968	SANDOZ-ENALAPRIL		P**
2300133	TARO-ENALAPRIL		P**
670901	VASOTEC	0.8003	P
ENALAPRIL MALEATE TAB 20MG			
2019906	APO-ENALAPRIL		P**
2291908	CO-ENALAPRIL		P**
2300060	GEN-ENALAPRIL		P**
2233007	NOVO-ENALAPRIL		P**
2300109	PMS-ENALAPRIL		P**
2300028	RATIO-ENALAPRIL		P**
2299976	SANDOZ-ENALAPRIL		P**
2300141	TARO-ENALAPRIL		P**
670928	VASOTEC	0.9657	P
ENALAPRIL MALEATE HYDROCHLOROTHIAZIDE TAB 5 / 12.5MG			
2300222	NOVO-ENALAPRIL/HCTZ		P**
2242826	VASERETIC	0.6660	P
ENALAPRIL MALEATE HYDROCHLOROTHIAZIDE TAB 10 / 25 MG			
2300230	NOVO ENALAPRIL/HCTZ		P**
657298	VASERETIC	0.8004	P

P – Partially covered P** – Drug is a full benefit if RDP Special Authority is in place when the prescription is filled.

BENEFITS

The following new products are now eligible PharmaCare benefits for Plans B, C, F, Fair PharmaCare and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
2270439	ADVICOR® (NIACIN EXTENDED RELEASE AND LOVASTATIN) 500 mg/20 mg tablets	N	N
2270447	ADVICOR® (NIACIN EXTENDED RELEASE AND LOVASTATIN) 1000 mg/20 mg tablets	N	N

Benefits Palliative Care Drug Plan (Plan P) Only

The following new product is now an eligible PharmaCare benefit for Plan P only.

DIN	DRUG NAME	PLAN G	PLAN P
2258129	OXYCONTIN® (OXYCODONE HCl) 5 mg controlled release tablets	N	Y

LIMITED COVERAGE PROGRAM

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Plans B, C, F and Fair PharmaCare. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	*DRUG NAME*
2294338	LANTUS® SOLOSTAR™ (INSULIN GLARGINE) 100 U/mL – 3 mL pre-filled pen
2258129	OXYCONTIN® (OXYCODONE HCl) 5 mg controlled release tablets

NON-BENEFITS

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	*DRUG NAME*
2248077	PEGASYS® (PEGINTERFERON ALFA-2A) 180 ug/0.5 ml for treatment of chronic Hepatitis B
2248078	PEGASYS® (PEGINTERFERON ALFA-2A) 180 ug/ml for treatment of chronic Hepatitis B
2288389	SEBIVO* (TELBIVUDINE) 600 mg tablet
2286386	TYSABRI™ (NATALIZUMAB) 300 mg/15 mL vial (I.V.)
2273578	UROMAX® (OXYBUTYNIN CHLORIDE) 10 mg controlled release tablets
2273586	UROMAX® (OXYBUTYNIN CHLORIDE) 15 mg controlled release tablets